

STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENING & REGULATORY SERVICES

APPLICATION FOR LICENSURE/CERTIFICATION

**(*EMERGENCY SHELTER – YOUTH*)**

DATE: \_\_\_\_\_

APPLICATION IS:        NEW \_\_\_\_\_ RENEW \_\_\_\_\_

NAME/TITLE OF ADMINISTRATOR/OPERATOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MAILING ADDRESS (If different):

\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY # OR EMPLOYER I.D.# \_\_\_\_\_

CONTACT PERSON/PHONE (If different): \_\_\_\_\_

NAME OF FACILITY/AGENCY: \_\_\_\_\_

CORPORATE NAME (If different): \_\_\_\_\_

CORPORATE ADDRESS: \_\_\_\_\_

(If different from above) \_\_\_\_\_  
\_\_\_\_\_

NAME OF BOARD CHAIR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TYPE OF FACILITY/AGENCY:

Individual Proprietorship: \_\_\_\_

Non-Profit Corporation: \_\_\_\_

Tribal Government: \_\_\_\_

Church: \_\_\_\_

Partnership: \_\_\_\_

For-Profit Corporation: \_\_\_\_

Parent Co-op: \_\_\_\_

Other (describe): \_\_\_\_\_

CURRENT LICENSES/CERTIFICATES:

Type: \_\_\_\_\_ Terms: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type: \_\_\_\_\_ Terms: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

WAIVER/EXCEPTION REQUEST OR RE-REQUEST (If Applicable): DESCRIBE:

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I/We have received and read the rules for the licensing and/or certification process. I/We understand that this application authorizes representatives of the Department and the State Fire Marshal's Office (if applicable) to make such visits and inspections as may be necessary to ascertain that the facility is in compliance with the laws pertaining to the operation of such facilities.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission to the Department to obtain any criminal or protective records information which may be on file in any county, state or federal office.

I/We further certify that all information contained in this application (including addendum) is complete and accurate.

**SIGNATURES REQUIRED:**

\_\_\_\_\_/DATE: \_\_\_\_\_  
Applicant/Operator/Administrator

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_/DATE: \_\_\_\_\_  
Board President

\_\_\_\_\_  
Type or Print Name

***FURTHER INSTRUCTIONS:***

1. COMPLETE THE ATTACHED ADDENDUM SPECIFIC TO THE TYPE OF LICENSURE OR CERTIFICATION THAT IS BEING APPLIED FOR.
2. SUBMIT ALL ITEMS REQUESTED IN THE "PLEASE SUBMIT" SECTION OF THE FORM.

*ADDENDUM*  
*APPLICATION FOR – EMERGENCY SHELTER*

FACILITY POPULATION:

Capacity of Facility: \_\_\_\_\_ Age Range: From \_\_\_\_\_ To \_\_\_\_\_

Sex:    Male Only: \_\_\_\_\_    Female Only: \_\_\_\_\_    Co-Ed: \_\_\_\_\_

SOURCE OF WATER:

Municipal: \_\_\_\_\_    Private: \_\_\_\_\_    Other: \_\_\_\_\_

PLEASE SUBMIT:

1. Completed Application
2. Articles of Incorporation (New Applicants Only)
3. Organizational Chart (New Applicants Only)
4. Fire Inspection Form (New Applicants Only)
5. Policy Manual (New applicants Only)

SUBMIT TO:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF LICENSING & REGULATORY SERVICES  
41 ANTHONY AVENUE  
11 STATE HOUSE STATION  
AUGUSTA, ME 04333

Phone: 207-287-9300      Fax: 207-287-9252      TTY: 1-800-606-0215

***FIRE INSPECTION REQUEST & ADDRESS CHANGE FORM***

*Type of License/Certificate:* \_\_\_\_\_

**FORM MUST BE COMPLETED BY:**

1. New Applicants (Complete one form for each site from which you plan to deliver services and return with your application. *NEED ONE FORM FOR EACH SITE.*)
2. All Applicants (Complete and submit form when you are adding a site, changing your address, or closing a site – **KEEP COPY OF FORM FOR YOUR RECORDS.**)

**MAIN SITE:**

Agency Name (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Operator/Exec. Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Person (If different): \_\_\_\_\_

\_\_\_\_\_

**BRIEF DESCRIPTION OF SERVICES:** \_\_\_\_\_

\_\_\_\_\_

**AGE RANGE OF CLIENTS SERVED:** \_\_\_\_\_ **MAXIMUM CAPACITY:** \_\_\_\_\_

**DIRECTIONS TO FACILITY:** (Be specific with known landmarks) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE ONLY IF CHANGE:**

New Program/Agency In Process of Licensure \_\_\_\_\_

Closing Existing Site \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Adding a New Site \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Moving Office Site Within Same Building \_\_\_\_\_

**NEW SITE:** Date of Expected Move: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**WATER SOURCE:** Municipal \_\_\_\_\_ Well \_\_\_\_\_ Other \_\_\_\_\_

**Directions (If different from above):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_